

Sanitary Permit Submittal Summary

Safety and Buildings Division
2331 San Luis Place
Green Bay, WI 54304
Telephone (920) 492-5601

INSTRUCTIONS: Please print very clearly or type. Follow instructions below for *Permits Which Do Not Require A Fee, New Permits and System Type Summary*. Record necessary information on [Line 1] and [Line 3]. Calculate the total fee required and record on [Line 2]. Record the total fee sent on [Line 4] and mail this form to the department at the address listed in the upper right hand corner along with the check for the amount on line 4, payable to the "Safety and Buildings Division". It is no longer necessary to include copies of Sanitary Permit Application's along with this summary.

County _____

Date Mailed _____

[Line 1] _____ Total number of new permits issued

[Line 2] _____ Total fee required ([Line 1] times \$75)

[Line 3] _____ Total fee previously sent to Commerce for voided permits

[Line 4] _____ Total fee sent ([Line 2] minus [Line 3])

Department Use Only

_____ [Line 5]
([Line 4] divided by \$75)

\$ _____ 7635 Commerce Class
([Line 5] times \$50)

\$ _____ 7639 DNR Class
([Line 5] times \$25)

PERMITS WHICH DO NOT REQUIRE A FEE Instructions: In the space provided below, list the permit numbers for which a fee will not be submitted to the department or for which a refund of a fee already submitted to the department is desired. This includes permits that were voided, transferred to a new owner, where there was a change of plumber, and renewals of previously issued permits. Include dates permits were voided by county and the previously submitted fee amount (if any). Include a written reason for void in the same space or on a separate piece of paper. Total the desired refund amount and record on [Line 3].

NEW PERMITS Instructions: In the space provided below or on a separate piece of paper, list new permit numbers issued in numerical order and the date the permit was issued. It is acceptable to provide a computer-generated report. Total the number of permits issued and record on [Line 1].

☐ Check box if attaching a list

SYSTEM TYPE SUMMARY Instructions: In the space provided below, indicate the number of systems that included the components listed below within the design. New refers to a previously undeveloped site. Replacement refers to all others including modifications and additions to existing systems.

NEW / REPLACEMENT

Aerobic Treatment Unit _____ / _____
Constructed Wetland _____ / _____
Peat Filter _____ / _____
Recirculating Sand Filter _____ / _____
Recirculating Synthetic Media Filter _____ / _____
Single Pass Sand Filter _____ / _____
Other Pretreatment Component _____ / _____

NEW / REPLACEMENT

Holding Tank _____ / _____
Non-Pressurized In-Ground _____ / _____
Pressurized In-Ground _____ / _____
Drip Line _____ / _____
At-Grade _____ / _____
Mound ≥ 24" Suitable Soil _____ / _____
Mound < 24" Suitable Soil _____ / _____
Other Dispersal Component _____ / _____